

Fire Only \_\_\_\_\_  
Bldg/Fire \_\_\_\_\_



Hickory Office (828) 323-7410  
Hickory Fax (828) 323-7474

## COMMERCIAL ZONING APPLICATION

(A City of Hickory application becomes a permit upon approval by a City of Hickory Zoning Administrator)



County Zoning Office (828) 465-8380  
County Zoning Fax (828) 465-8484

Parcel Identification No. \_\_\_\_\_ Date \_\_\_\_\_

Project 911 Address: \_\_\_\_\_

The Proposed Use For This Building Or Land Is (Specific): \_\_\_\_\_

The Building Or Land Was Previously Used For (Specific): \_\_\_\_\_

List Physical Changes To Building Or Land: \_\_\_\_\_

Is Proposed Land Disturbance Under One (1) Acre? (If applicable)

☐ Yes, Please complete the City of Hickory Application for Grading Permit

☐ No, Approval for Erosion & Sedimentation Control Plan from NC Department of Environment and Natural Resources must be forwarded to City of Hickory Engineering Department for plan approval.

Applicant: \_\_\_\_\_ Applicant's Telephone No.: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Fax: \_\_\_\_\_ Applicant's E-mail \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner's Telephone No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Business Name If Different From Above: \_\_\_\_\_

**(ALL BUSINESSES OPERATING IN THE HICKORY CITY LIMITS MUST HAVE A PRIVILEGE LICENSE)**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR DEVELOPMENT ASSISTANCE CENTER USE ONLY

_____ Change In Use	_____ Remodeling	_____ Accessory Structure
_____ Change in Occupancy	_____ Home Occupation	_____ Temp. Const. Office
_____ New Construction	_____ Manufactured Housing	_____ Parking/Loading
_____ Interior Renovations	Other: _____	

### FOR ZONING ADMINISTRATOR USE ONLY

REFERENCE NUMBER _____	ZONE _____	QUADRANT _____	OVERLAY DISTRICT _____
_____ Front Setback	_____ Approved PD	_____ Size of Lot	
_____ Rear Setback	_____ Approved Minor PD	_____ Use Permitted	
_____ Side Setback	_____ Flood Plain	_____ Trees Required	
_____ Side Street Setback	_____ Elevation Certificate Required	_____ Airport Ordinance	
_____ Maximum Height	_____ Watershed ____ 1 ____ 2 ____ 3 ____ 4	Protected _____ Critical _____	

Other (Describe): \_\_\_\_\_

Zoning Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator

Conditions of Approval: \_\_\_\_\_

**\*No building, structure or zoning lot for which a zoning compliance permit has been issued shall be used or occupied until the Planning Director has, after final inspection, issued a certificate of zoning compliance.\***

Zoning Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator

Reasons for Disapproval: \_\_\_\_\_